



To: All HOPWA Project Sponsors
From: Lisa Coffman, HOPWA Coordinator
Date: June 20, 2002
Re: 2001 HOPWA Award Close-out Procedures

Notice: HOPWA 01-15

Congratulations! We are nearing the end of the 2001 HOPWA Program Year. This memo will outline the process for closing out your 2001 HOPWA Award.

The final phase of each HOPWA award is the close-out and settlement process. The close-out process is a series of required reports that verify that HOPWA funds have been properly expended and the project sponsor has completed the project in a timely and acceptable manner, attaining the goals and objectives stated in the grant agreement.

Process for closing out a HOPWA award

1. Prior to the grant expiration date, the project sponsor must submit its final drawdown request to IHFA, allow time for receipt of the final payment of grant funds from IHFA, and submit the close-out documentation as listed below showing total receipts of HOPWA funds and applicable demographic and beneficiary information.
2. The project sponsor must complete and submit:
 - **One** Final Semi-Annual Performance Report
 - **One** IDIS Completion Report for each applicable line item (Administration is exempt)
Completion Report directions are included on the back of this memo
 - Supportive Services/Housing Information Beneficiary Information (if applicable)
 - **One** original of Close-Out Exhibit A
 - **Two** originals of Close-Out Exhibit B
3. The required close-out forms are due to IHFA before **July 31, 2002**. When all of the required close-out forms have been received, the IHFA HOPWA Coordinator will contact the project sponsor to schedule a Close-Out Monitoring.
4. Following the Close-Out Monitoring, the IHFA HOPWA Coordinator will send the project sponsor a letter detailing any findings and concerns to be resolved before the grant can be closed-out.
5. Once all (if any) monitoring findings and concerns have been resolved, IHFA will process the close-out documentation. The project sponsor will be sent a letter stating that the grant is considered FULLY CLOSED by IHFA. Project sponsors are required to maintain HOPWA records for a four-year period after the grant close-out as per 24 CFR Part 574.530. The project sponsor will also receive a fully executed original of Close-Out Exhibit C and a copy of the other exhibits.

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The following forms are included with this memo:

- Close-Out Exhibits A-B
- IDIS Completion Report

The Semi-Annual Performance Report is located in the HOPWA Implementation Manual and on our website.

In addition, here are detailed instructions for completing the HOPWA Activity Completion Report. IHFA is required to enter this data into HUD's Integration and Disbursement Information Systems (IDIS), which is why we are collecting the data in this format.

Complete one form for each of your budget line items. Administration is exempt, and does not require a completion report. Each line item completes different sections of the form.

Rental Assistance/Short Term (Housing Assistance) – complete all sections except 2.

Operations Costs/Technical Assistance – complete sections 3,4,5,6,7

Resource Identification – complete section 2

Housing Information – complete section 5

Supportive Services – complete sections 2 and 3

If you have any questions or concerns regarding the information in this memo, please contact me at (317) 233-1814 or (800) 872-0371 or contact via e-mail at lcoffman@ihfa.state.in.us.

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**INDIANA HOUSING FINANCE AUTHORITY
HOPWA PROGRAM CLOSE-OUT**

STATUS OF FEDERAL CASH AND LEVERAGING STATEMENT

1. PROJECT SPONSOR NAME & ADDRESS: _____ _____ _____ _____	2. GRANT NUMBER: _____ 3. CONTACT PERSON: _____ 4. TELEPHONE NUMBER: _____ 5. GRANT PERIOD: FROM: _____ TO: _____
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COMPUTATION OF CASH BALANCE

6. CURRENT HOPWA AWARD AMOUNT	_____
7. TOTAL DRAWDOWNS RECEIVED - HOPWA FUNDS	_____
8. LESS: PREVIOUS REFUNDS TO IHFA OR HUD OF HOPWA FUNDS	()
9. TOTAL HOPWA FUNDS USED FOR PROJECT (LINE 7 MINUS LINE 8)	_____
10. TOTAL OTHER LEVERAGE APPLIED TO PROJECT	_____
11. TOTAL FUNDS EXPENDED ON PROJECT (LINES 9+10+11+12)	_____
12. AMOUNT TO BE DE-OBLIGATED FROM HOME AWARD (LINE 6 MINUS LINE 9)	_____

FINANCIAL EXPENDITURE SUMMARY

(A) BUDGET LINE ITEMS	(B) BUDGET LINE ITEM AMOUNT	(C) AMOUNT DRAWN	(D) AMOUNT TO BE DE-OBLIGATED (B minus C)
HOUSING INFORMATION			
RESOURCE IDENTIFICATION			
ACQUISITION, REHAB, REPAIR			
NEW CONSTRUCTION			
RENTAL ASSISTANCE			
SHORT-TERM RENT			
SUPPORTIVE SERVICES			
OPERATING COSTS			
TECHNICAL ASSISTANCE			
ADMINISTRATION			
TOTAL			

**INDIANA HOUSING FINANCE AUTHORITY
HOPWA PROGRAM CLOSE-OUT**

CERTIFICATION OF RECIPIENT

PROJECT SPONSOR _____ GRANT NUMBER _____

I certify that all activities undertaken by the Project Sponsor with funds provided under the Grant Agreement identified above, have, to the best of my knowledge been completed in accordance with the Grant Agreement; that the United States of America and the Indiana Housing Finance Authority (IHFA) are under no obligation to make any further payment in any form to the Project Sponsor under this Grant Agreement; and that every statement and amount set forth in the Final Semi-Annual Performance Report and Close-Out Exhibits A-C is, to the best of my knowledge, true and correct as of this date. The Recipient hereby agrees that any costs under this HOPWA award disallowed by a subsequent audit by the Indiana State Board of Accounts or other auditing bodies will be promptly remitted to the IHFA by the Project Sponsor.

Signature, Chief Executive Officer

Date

Typed Name and Title, Chief Executive Officer

IHFA APPROVAL

The close-out of the above referenced HOPWA award is hereby approved.

ACCOUNTING:

Signature

Date

Typed Name and Title

COMMUNITY DEVELOPMENT

Signature, Community Development Approval

Date

Typed Name and Title

**INDIANA HOUSING FINANCE AUTHORITY
HOPWA ACTIVITY COMPLETION REPORT**

Grant #:

Grant Expiration Date:

Date Form Completed:

Name of Person Completing Form:

Phone #:

Fax #:

Date Entered Into IDIS:

UOG/CODE: _____

HUD Project #: _____

HUD Activity #: _____

Part A

Budget Line Item (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Housing Information | <input type="checkbox"/> Short-term rent |
| <input type="checkbox"/> Resource Identification | <input type="checkbox"/> Supportive Services |
| <input type="checkbox"/> Acquisition, Rehab, Repair | <input type="checkbox"/> Operating Costs |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Administration |

HOPWA Funds Expended:

\$

Total Funds Expended:

\$

Part B

Units by Payment Type:	SRO	0 BDRM	1 BDRMS	2 BDRMS	3 BDRMS	4 BDRMS	5+ BDRMS
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Tenant-Based Rent: _____

Short-term Rent,
Mortgage, Utilities _____

Date Payments Began: _____ / _____ / _____

Expenditures by Payment Type:

Tenant-Based Rent: _____

Short-term Rent, Mortgage, Utilities _____

Supportive Services Began _____ / _____ / _____

Enter Amount for Supportive Service(s) Which Apply:

1. Outreach
2. Case Management/Client Advocacy/Access to Benefits/Services
3. Life Management (Outside of Case Management)
4. Nutritional Services/Meals
5. Adult Day Care and Personal Assistance
6. Child Care and Other Children's Services
7. Education
8. Employment Assistance
9. Alcohol and Drug Abuse Services
10. Mental Health Services
11. Health/Medical/Intensive Care Services
12. Permanent Housing Placement
13. Other:

Demographics

Receiving Housing Assistance

Receiving Supportive Services Only

Persons with HIV/AIDS: _____

Other Persons in Family Units: _____

Total: _____

Total Family Units Assisted with Housing Assistance: _____

Estimated Persons Receiving Housing Information: _____

Total Number of Persons

Receiving Housing Assistance: _____

White, Non-Hispanic: _____

Black, Non-Hispanic: _____

Hispanic: _____

Asian/Pacific Islander: _____

American Indian/Alaskan Native: _____

Other: _____

Not Reported: _____

Demographics

Under 18

18-30

31-50

Over 50

Total

Male: _____

Female: _____

Income Group of Individuals and Family Units

\$0-250

\$251-500

\$501-1,000

\$1,001-1,500

\$1,501-2,000

Over \$2,000

Program Departure Counts

Number of Months

< 3

3-6

6-9

> 12

Voluntary: _____

Nonpayment of Rent: _____

Supportive Service Noncompliance: _____

Unknown: _____

Criminal: _____

Death: _____

Other: _____

Recent Living Situation Counts

Participants Counts / From.....

Homeless/Streets: _____

Transitional Housing: _____

Emergency Shelter: _____

Psychiatric Facility: _____

Substance Abuse Treatment: _____

Hospital/Medical: _____

Jail/Prison: _____

Domestic Violence: _____

Living with Relatives/Friends: _____

Rental Housing: _____

Participant-Owned Housing: _____

Other Situations: _____

Expenditures of HOPWA Funds

Housing Information Services: _____

Technical Assistance: _____

Housing Assistance: _____

Supportive Services: _____

Administrative Costs: _____

Total HOPWA Expenditures: _____

Administrative Expenditures: _____